REPORT

CONFERENCE OF MINISTERS OF HEALTH FOR THE PACIFIC ISLANDS

Suva and Yanuca Island, Fiji

6-10 March 1995

Manila, Philippines
July 1995
REPORT

CONFERENCE OF MINISTERS OF HEALTH FOR THE PACIFIC ISLANDS

Convened by:

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Suva and Yanuca Island, Fiji
6-10 March 1995

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NOTE

The views expressed in this report are those of the participants, consultants, temporary advisers, and observers in the Conference and do not necessarily reflect the policy of the World Health Organization.

This report has been prepared by the Regional Office for the Western Pacific of the World Health Organization for governments of Member States in the Region and for the participants, consultants, temporary advisers, and observers in the Conference of Ministers of Health for the Pacific Islands held in Suva and on Yanuca Island, Fiji, from 6 to 10 March 1995.
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SUMMARY

During the forty-fifth session of the WHO Regional Committee for the Western Pacific Meeting in Kuala Lumpur, Malaysia, in September 1994, the critical importance of human resources development for health, health protection and health promotion, supply and management of pharmaceuticals and essential drugs in the Pacific was recognized. In consequence, a Conference of Ministers of Health of the Pacific Islands was convened by the World Health Organization in Fiji on 9 and 10 March 1995 as requested by ministers of health for Pacific island countries.

Ministers and Permanent Secretaries/Directors of Health from American Samoa, Cook Islands, Fiji, Guam, Kiribati, Commonwealth of Northern Mariana Islands, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu met in Suva and Yanuca Island, Fiji from 6 to 8, and 9 to 10 of March 1995, respectively, to identify strategies and actions which can be pursued by individual countries.

The Ministers and Permanent Secretaries/Directors at the Fiji meeting on human resources development, health protection and health promotion, and supply and management of pharmaceutical and essential drugs:

- Recognized the extensive efforts being made by the Region to ensure continued interest and understanding among policy-makers administration, and those affected by their decisions in the three areas mentioned;

- Recognized that human resources development, health protection and health promotion, supply and management of pharmaceutical and essential drugs, are consistent with political commitment for people-centred development which exists in all Pacific island countries;

- Recognized that Pacific island countries are concerned about the increasing social problems, which include population increase, rural-urban migration, unemployment and rapid urbanization, weakening of traditional support systems, environmental threats and growing inequalities;

- Recognized that Pacific island governments have addressed these problems in their own way and with the ongoing support for their development partners. It was also mentioned that the underlying factors of many of the Pacific island countries' problems involved issues that required strategies suited to each country, which should take into account the cultural and social values of Pacific societies and the threats to the fragile environment;

- Responding to these and the challenge of global conditions and the priority issues raised at the forty-fifth session of the Regional Committee, the Conference of Ministers of Health of the Pacific Islands held on Yanuca Island in Fiji from 9 to 10 March 1995 reached a consensus known as the Yanuca Island Declaration on Health in the Pacific in the 21st Century.
1. INTRODUCTION

1.1 Background

The Pacific island countries are a group of independent but interdependent states which share the problems of geographical isolation, difficult and costly transport and communications, small size and population, limited natural resources and a fragile ecosystem, land pressure due to high population growth and consequent out-migration, and economies of (small) scale.

All these factors contribute to ongoing problems: in the supply of adequate numbers and skills in the health workforce; with adequate and competitively priced supplies, especially pharmaceuticals; with environmental degradation; and in fostering individual and communal behavioural change to encompass and adequately address emerging health problems as the year 2000 approaches.

The “Plan of Action” for the Fiji School of Medicine, developed by WHO for the Western Pacific Region in 1989, reflected concern about difficulties in maintaining adequate human resources for health in the Pacific island countries. It is now crucial that the new directions in the development of health personnel be harmonized with the projected needs of the next generation of Pacific islanders. The next major step is the development of curricula for postgraduate and continuing medical education at the Fiji School of Medicine. Health authorities from these countries should begin to explore and schedule priorities for medical specialties training and identify areas for continuing medical education. It is also to review the recommendations on the Fiji School of Medicine’s status as a regional resource and to propose, at ministerial level, steps for their implementation.

Lifestyles and living conditions are undergoing change in Pacific island countries as in other parts of the Western Pacific Region. Current and anticipated trends have special implications for the islands, where options for good health may be somewhat limited and the unique environment is especially susceptible to damaging influences. Means of analysing these trends were discussed so that planning of a proactive strategy for health development can be ensured. Questions were asked such as “What are the opportunities for change? What investments in health promise the greatest gains?” The strategy also indicated possible policies and programmes that integrate health promotion and environmental activities. The concept of “Healthy Islands” as discussed can then provide a framework for strategy implementation through community action and multisectoral collaboration in support of health goals. To be effective, however, any strategy must have commitment at a high political level. The Ministerial Conference provided the opportunity to select from among various strategy options and to commit to work together toward the goal of making each Pacific island a healthy place to live.

There have long been problems associated with pharmaceutical supply and quality control. For 15 years, WHO and others have sponsored surveys and meetings which have recommended the establishment of regional facilities including joint pharmaceuticals purchasing, warehousing (storage), quality control and other matters of regional concern, with the goal of achieving economies of scale and assurance of quality for mutual benefit. Whilst these recommendations have on the whole been welcomed, there has been no Pacific-wide high-level commitment to a practical plan of action. With shrinking resources and expanding demand, it was therefore timely to re-address this issue at the ministerial level.
It is important that resources should be allocated towards preparing graduate and postgraduate health workers on the emerging health-related concerns in the areas of health promotion, disease prevention, and care of the environment, including sanitation and waste disposal. To this end, attention was directed to a greater emphasis on providing health trainees with skills which foster greater personal, family and community involvement and take advantage of the important contributions which resources, especially human resources, that lie outside the formal health sector, can and should make in achieving Health for All. The meeting was therefore a most suitable opportunity for obtaining reaffirmation of the countries’ commitment to the health-for-all policy and service delivery through the primary health care approach.

1.2 Objectives of the meeting

The objectives for the meeting were:

(1) To review current and anticipated human resource needs in the islands in order to:
   (a) determine common approaches and strategies for basic health workforce training;
   (b) develop plans for suitable postgraduate and specialty training; and
   (c) examine approaches to effective deployment of all categories of health workers, including establishment of a career.

(2) To review the implications resulting from changing lifestyles and living conditions and future capacity-building in health:
   (a) the health implications of environmental degradation; and
   (b) the promotion of healthy lifestyles.

(3) To review mechanisms for cooperation and collaboration in the provision of pharmaceutical and medical supplies to the Pacific island countries with a view to:
   (a) reducing costs through bulk purchase;
   (b) ensuring that such supplies and equipment are appropriate to the islands’ needs.

(4) To secure a formal statement of support and collaboration for health programmes of common interest especially health training, environmental protection, health promotion and efficiencies in pharmaceutical supply.

1.3 Participants and resource persons

The participants consisted of the Ministers of Health from the island countries in the Pacific, their Permanent Secretaries, Directors of Health, or their deputized representatives. Three consultants for the meeting and seven temporary advisers from the Region, together with a five-man WHO Secretariat comprised the technical resource pool. Observers from the diplomatic corps, from associated UN agencies, bilateral aid and donor offices represented in
Suva, and from regional organizations in the South Pacific constituted the group of observers at the meeting.

Annex 1 contains the timetable of the meeting; Annex 2 contains the detailed programme of activities, and Annex 3 is a copy of the list of participants.

1.4 Organization

The meeting was structured as two sessions:

(1) From Monday to Wednesday, 6-8 March 1995, the first session in Suva involved primarily the Permanent Secretaries or their representatives, and the WHO Secretariat. They comprised a working group that developed proposals, resolutions, etc., for consideration by the later part of the meeting, which started on Thursday, 9 March 1995. The working group visited the various training institutions during its three-day meeting.

The Conference of Ministers of Health of the Pacific Islands was held at the Travelodge Hotel in Suva.

(2) The Ministers of Health arrived later for the second session which was held from 9 to 10 March in Sigatoka, at the Fijian Resort on Yanuca Island.

The proceedings were conducted in English.

1.5 Opening ceremonies

1.5.1 Working Group Meeting - Suva Travelodge

At the opening of the Working Group Meeting held on Monday, 6 March 1995 at the Travelodge Hotel in Suva, the Honourable Minister for Health and Social Welfare of Fiji, Mrs Seruwaia Hong Tiy, welcomed the participants. In her welcome address, the Honourable Minister highlighted the need for a team approach for successful delivery of health care due to the increasing costs of materials and services. She also emphasized that participants remain rooted in the level of reality, aware of the finite nature of available resources. The text of the Minister’s opening address is contained in Annex 5.

Dr S.T. Han, WHO Regional Director for the Western Pacific, delivered the opening speech, outlining the framework of the conference and the essence of holistic health service provided in the *New horizons in health* document adopted earlier in 1994 by the WHO Regional Committee, at its forty-fifth session, held in Kuala Lumpur, Malaysia, detailed in Annex 6.

1.5.2 Conference of Ministers of Health of the Pacific Islands - the Fijian Resort, Yanuca Island

The opening of the ministerial-level conference on 9 March 1995 at the Fijian Hotel on Yanuca Island began with a performance of the traditional Fijian Ceremonies of Welcome for His Excellency the President of the Republic of Fiji, the Rt. Hon. Ratu Sir K.K.T. Mara, GCMG, KBE, K.St.J.

The speech of the Chief guest, Ratu Sir Kamisese Mara, called “Vosa Vakaturaga” at these traditional rites, became the keynote address for the opening of the Conference of Ministers (please see Annex 7). In this speech, the President stressed that the ceremonies reflect the enduring patterns of life: that people know what and when and where to plant, how
to prepare the ground and how to care for the produce - evidence, in short, of a healthy way of life.

At the beginning of the Conference of Ministers at the Fijian Resort, Yanuca Island, the Honourable Minister for Health and Social Welfare of Fiji, Mrs Seruwaia Hong Tiy, welcomed the participants. In her welcome address, the Honourable Minister highlighted the need to intensify closer and real collaboration among countries and areas in the Pacific and also with international agencies and donor groups (Annex 8).

Mrs Hong Tiy reminded the Honourable Ministers that the action programme they were about to adopt should be practical, workable and sustainable.

Dr S.T. Han, the Regional Director, said in his keynote speech (Annex 9) at the opening of the Conference of Ministers at the Fijian Resort, Yanuca Island, that the Regional Committee, at its forty-fifth session, had mandated the Regional Secretariat to work closely with Member States to further develop the concepts contained in *New horizons in health* and translate them into achievements which can be made at country level. The Regional Director reminded the Conference that at the end of the century, there will be new challenges and new opportunities. The problems of poliomyelitis and leprosy, tuberculosis and malaria still continue in some places, while the burden of HIV/AIDS is increasing.

Dr Han said that new opportunities should be consolidated to ensure a healthier Western Pacific in the 21st century.

## 2. PROCEEDINGS

### 2.1 Integrated health development

The need and rationale for a new concept for integrated health development in island communities called "Healthy Islands" was presented and discussed. Developmental problems, especially environmental degradation, and their ramifications into health and other sectors were explained, leading to a recognition of these issues. A detailed description of the environmental health programme of the Fiji School of Medicine and how it meets these needs was given. This programme, with its emphasis on problem-oriented, competency-based, multiple entry and exit training, was proposed as a model to meet the health workforce and development needs to ensure the development and maintenance of "healthy islands" into the 21st century. (See Annex 4 - Abstracts of Discussion Papers).

### 2.2 Postgraduate training programme

The changes to the Bachelor of Medicine, Bachelor of Surgery (MBBS) programme instituted since the 1989 review of the medical programme were briefly discussed and generally endorsed by the participants, with the caveat that the programme was inadequately discussed with other Pacific island countries at inception. This programme was seen as meeting the health and development needs of Pacific island countries and consistent with the "healthy islands" approach. The need for the development of a graduate programme consistent with the needs of the Pacific island countries and the "healthy islands" approach was reviewed. It was further noted that Fiji School of Medicine should not ignore its other health programmes in the development of the medical curriculum, but that all should be modified to meet the health islands approach and the needs of the Pacific island countries.
2.3 Fiji School of Medicine (FSM)

The need of the Fiji School of Medicine for increased functional autonomy as a necessary prerequisite for further development of high quality appropriate programmes for the region was reviewed. Increased autonomy under the Minister of Health, using the model developed by the Fiji Ministry of Education for the Fiji Institute of Technology, was supported by participants as a mechanism for promoting greater regional participation in the policy and decision-making, as well as for allowing increased financial support of the School by Pacific island countries.

2.4 Purchase of drugs, biologicals, supplies and equipment

Purchase of drugs, biologicals, supplies and equipment remain a major problem for almost all Pacific island countries. Given the great distances involved, centralized bulk purchase was not seen as an appropriate or useful solution in many countries. More innovative approaches are needed to meet this problem in the Pacific island setting.

2.5 Closing ceremonies

The closing ceremonies on Friday, 10 March commenced with the formal submission of the conference proposals and motions by the Chairman, followed by the formal adoption of the Yanuca Island Declaration on Health in the Pacific in the 21st Century. The Appreciation address was made by the Honourable Minister for Health and Social Welfare of Fiji (Annex 10), with the response coming from the Regional Director (Annex 11). Both speakers cited the spirit of cooperation and openness that characterized the meeting.

The closing address was delivered by the Honourable Prime Minister of Fiji, Major-General Sitiveni Rabuka, OBE(Mil), O.St.J., MSD. (Annex 12).

3. CONCLUSIONS AND RECOMMENDATIONS

3.1 The Yanuca Island Declaration

The Conference of Ministers of Health of the Pacific Islands adopted and ratified the final draft of the “Yanuca Island Declaration on Health in the Pacific in the 21st Century” (Annex 13) a document that summarizes the review of primary matters of concern during the meeting, and strongly advocates a framework of actions to be taken subsequently for the rest of the 20th century into the start of the next millennium.

3.2 The resolution of appreciation

The Ministers attending the Conference adopted a Resolution of Appreciation (Annex 14) expressing the group’s gratitude to the Government of Fiji for having hosted the Conference, and for its continuing contributions to health development in the Pacific. The resolution also noted the close cooperation among the Ministers and governments and the WHO Western Pacific Region, and the group’s continuing respect and support for the leadership of WPRO.
3.3 The motion to convene in 1997

The participants noted that the 1995 Ministerial Conference on Health for the Pacific Islands was very helpful. For this reason, the group approved the proposal for WHO to convene a follow-up meeting in 1997 to review progress made on the actions taken following the Yanuca Island Declaration on Health in the Pacific in the 21st Century.
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Annex 1
PROGRAMME OF ACTIVITIES

Phase I - Working Group Meeting, 6-10 March 1995

Monday, 6 March 1995

08.30  -  Registration - Suva Travelodge

09.00  -  Opening ceremony - Phase 1

Welcome address:

Mr Apisalome Tudreu
Permanent Secretary for Health and Social Welfare,
Ministry of Health and Social Welfare of Fiji

Opening remarks:

The Hon. Mrs Seruwaia Hong Tiy
Minister for Health and Social Welfare of Fiji

Keynote address by:

Dr S.T. Han
Regional Director, World Health Organization
Regional Office for the Western Pacific

Election of Chairman, Vice-Chairman and Rapporteur

10.30  -  Group photo session and coffee break

10.45  -  Adoption of the agenda

Presentation of the discussion paper
on health promotion and the environment:

"Protecting Pacific island environments and
promoting health"

Mr N. Litidamu
Head of Department, Environmental Health
Fiji School of Medicine

"Healthy Islands concept - An approach to promoting
health in the Pacific"

Mr Jim Ireland
Consultant
EnvirAdvice
Kurrajong, NSW
Australia
Annex 2

Monday, 6 March 1995 (Cont’n)

12.00 - Open forum and discussions
12.30 - Lunch break
14.00 - Continuation of discussions
15.30 - Coffee break
15.45 - Conclusions and recommendations
18.30 - Reception hosted by the Ministry of Health, Fiji Lali Restaurant, Suva Travelodge

Tuesday, 7 March 1995

08.00 - Visit to the Colonial War Memorial Hospital and Fiji School of Medicine, Brown Street, Suva
08.30 - Tour of hospital facilities
Dr N. Goneyali, Director of Hospital Services, Fiji
Dr J. Taka, Medical Superintendent, CWMH
09.15 - Presentation of the discussion paper on "Integrating planning with training for development of human resources in health: Pacific-based postgraduate training for physicians - The next step"
Dr G. Dever, Director, Pacific Basin Medical Officer Training Program, Kolonia, Pohnpei
Dr J. I. Samisoni, Head, Fiji School of Medicine
10.30 - Coffee break
10.45 - Open forum and discussions
12.30 - Lunch break
14.00 - Continuation of discussions
15.30 - Coffee break
15.45 - Conclusions and recommendations

Wednesday, 8 March 1995

08.00 - Visit to Tamavua School of Nursing, Environmental Health Laboratory, and time allowing, the School of Medicine facilities
Mrs A.L. Tuiloma, Principal, Fiji School of Nursing
Wednesday, 8 March 1995 (Cont’n)

Dr J. Tuisuva, Coordinator, Dental Training,
Fiji School of Medicine

09.00  -  Presentation of the discussion paper on Pharmaceuticals:
"Pharmaceuticals and essential drugs in the Pacific"
Staff of the Government Pharmacy, Fiji

09.45  -  Open forum and discussions

10.30  -  Coffee break

10.45  -  Open forum and discussions

12.00  -  Conclusions and recommendations for Phase 1

12.30  -  Lunch break

14.00  -  Consolidation of conference proposals and motions for Phase 1
(Travelodge)

15.30  -  Coffee break

15.45  -  Departure for Sigatoka

18.30  -  Mayoral reception for the Ministers and VIPs and
Permanent Secretaries, hosted by His Lordship the
Mayor of Sigatoka, Dr Arjun Singh
Venue: The Sigatoka Town Council

Phase 2 - Conference of Ministers of Health of the Pacific Islands,
Fijian Resort, Yanuca Island

Thursday, 9 March 1995

08.30  -  Arrival of guests, observers and participants -
The Fijian Hotel

09.30  -  Opening ceremony - Phase 2

Fijian Ceremonies of Welcome for His Excellency
the President of the Republic of Fiji,
the Rt. Hon. Ratu Sir Kamisese Mara

Opening address by the Guest of Honour
His Excellency, the President of Fiji
the Rt. Hon. Ratu Sir Kamisese Mara

Group photo session and opening ceremony

11.30  -  Remarks by the Minister for Health of Fiji,
The Hon. Mrs Seruwaia Hong Tiy
Annex 2

Thursday, 9 March 1995 (Cont’n)

11.45 - Keynote address by Dr S.T. Han
WHO Regional Director for the Western Pacific

12.15 - Report of the Chairman to the Ministers and
Directors of Health

12.30 - Lunch break

14.00 - Ministerial deliberations

15.30 - Coffee break

15.45 - Visit to the Sigatoka Hospital

18.30 - Reception and dinner hosted by Ministry of Health, Fiji
Black Marlin Ground, Fijian Resort, Yanuca Island

Friday, 10 March 1995

08.30 - Continuation of discussions

09.00 - Ministerial deliberations

10.30 - Coffee break

10.45 - Ministerial deliberations

11.45 - Approval of draft motions and proposals

12.30 - Lunch break

14.00 - Closing ceremonies:

Formal submission of the proposals and motions
by the Chairman of the conference

Adoption of the Statements of the Sigatoka Conference

Appreciation address by the
Hon. Mrs Seruwaia Hong Tiy, Minister for Health and
Social Welfare of Fiji

Response by
Dr S.T. Han, Regional Director
World

18.30 - Reception hosted by the General Manager of the Fijian Resort,
Mr Radike Qereqeretabua at his residence, Yanuca Island
LIST OF PARTICIPANTS, CONSULTANTS, TEMPORARY ADVISERS, OBSERVERS, AND SECRETARIAT

1. PARTICIPANTS

AMERICAN SAMOA

Dr Edgar Reid
Acting Director of Health
Department of Health Services
Pago-pago
Tutuila

COOK ISLANDS

The Honourable (Dr) Joseph Williams
Minister for Health
Ministry of Health
Rarotonga

Dr Roro Daniel
Secretary of Health
Ministry of Health
Rarotonga

FIJI

The Honourable Seruwaia Hong Tiy
Minister of Health and Social Welfare
Ministry of Health and Social Welfare
Kaunikuila House
Suva

Mr Apisalome Tudreu
Permanent Secretary
Ministry of Health and Social Welfare
Kaunikuila House
Suva

GUAM

Mr Don Weakley
Deputy Director
Department of Public Health
and Social Services
Agana

KIRIBATI

The Honourable Kataotika Tekee
Minister for Health, Family Planning
and Social Welfare
Tarawa

Dr Tetaua Taitai
Secretary of Health, Family Planning
and Social Welfare
Tarawa
### Annex 3

**MARIANA ISLANDS, COMMONWEALTH OF THE NORTHERN**

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Institution</th>
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<tbody>
<tr>
<td>Dr Isamu J. Abraham</td>
<td>Secretary of Health</td>
<td>Department of Public Health and Environmental Services</td>
<td>De Torres Hospital Saipan</td>
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**MARSHALL ISLANDS, REPUBLIC OF THE**

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<th>Name</th>
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<tr>
<td>The Honourable Tom Kijiner</td>
<td>Minister of Health and Environment</td>
<td>Ministry of Health and Environment</td>
<td>Majuro</td>
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<td>Mr Peter Oliver</td>
<td>National Health Planner</td>
<td>Ministry of Health and Environment</td>
<td>Majuro</td>
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**MICRONESIA, FEDERATED STATES OF**

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<th>Name</th>
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<tbody>
<tr>
<td>Dr Elieul Pretrick</td>
<td>Secretary</td>
<td>Department of Health Services</td>
<td>Federated States of Micronesia P.O. Box PS 70 Palikir Pohnpei FM 96941</td>
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<tr>
<td>Mr Ben Jesse</td>
<td>Representative</td>
<td>Department of Health Services</td>
<td>Federated States of Micronesia P.O. Box PS 70 Palikir Pohnpei FM 96941</td>
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**NAURU**

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<th>Name</th>
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<tr>
<td>The Honourable Ludwig Scotty</td>
<td>Minister for Health</td>
<td>Ministry of Health</td>
<td>Republic of Nauru Central Pacific</td>
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<tr>
<td>Dr Ludwig Keke</td>
<td>Secretary for Health and Medical Services</td>
<td>Ministry of Health</td>
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**NIUE**

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<tr>
<td>The Honourable Tauveve O’Love Jacobsen</td>
<td>Minister of Health, Education and Community Affairs</td>
<td></td>
<td>P.O. Box 33 Alofi Niue South Pacific</td>
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NIUE (Cont'n)
Dr Haresimelika Hare Paka
Commissioner
Public Service Commission
Alofi
Niue
South Pacific

PAPUA NEW GUINEA
The Honourable Peter Barter
Minister for Health
Ministry of Health
P.O. Box 3991
Boroko, N.C.D.

Mr Paul Songo, CMG, OBE
Secretary for Health
Department of Health
P.O. Box 3991
Boroko, N.C.D.

PALAU
REPUBLIC OF
The Honourable Masao Ueda
Minister of Health
Ministry of Health
Koror

Mrs Joanna Polloi
Chief of Health Human Resources
Development
Ministry of Health
Koror

SAMOA
The Honourable Sala Vaimili II
Minister for Health
Health Department
Apia

Dr Taule‘ale‘a Eti Enosa
Director-General of Health
Health Department
Apia

SOLOMON ISLANDS
Dr Jimmie Rodgers
Member of AIDAB Study Team
Ministry of Health and Medical Services
P.O. Box 349
Honiara

TONGA
The Honourable (Dr) S. Tapa
Minister of Health
Ministry of Health
Nuku‘alofa

Dr L. Malolo
Acting Director of Health
Ministry of Health
Nuku‘alofa
Annex 3

TUVALU

The Honourable Faimalaga Luka
Minister for Health, Sports and
Human Resources Development
P.O. Box 36
Funafuti

Mrs Milaisama Nelesone
Assistant Secretary of Health Sports
and Human Resources Development
P.O. Box 36
Funafuti

VANUATU

The Honourable (Dr) Edward Tambisari
Minister of Health, Rights of Children and Environment
Ministry of Health, Rights of Children
and Environment
Port Vila

Mr Gideon Ronolea
First Secretary
Ministry of Health, Rights of Children
and Environment
Port Vila

2. CONSULTANTS

Dr Gregory Dever
Director
Pacific Basin Medical Officers Training Program
P.O. Box 1298
Kolonia
Pohnpei, ECI 96941
Federated States of Micronesia

Professor Arie Rotem
Director
WHO Regional Training Centre
School of Medical Education
University of New South Wales
P.O. Box 1, Kensington
Sydney 2033
Australia

Mr Jim Ireland
Consultant
EnvirAdvice
1128 Gross Vale Road
Kurrajong NSW 2758
Australia
3. TEMPORARY ADVISERS

Dr Nacanieli Goneyali
Director Hospital Services
Ministry of Health and Social Welfare
Suva
Fiji

Dr Sakeo Varea
Director
Health Planning and Information
Ministry of Health and Social Welfare
Suva
Fiji

Dr Barra Amevo
Acting Dean, Faculty of Medicine
University of Papua New Guinea
Port Moresby
Papua New Guinea

Dr J. Samisoni
Head, Fiji School of Medicine
Suva
Fiji

Dr J. Tuisuva
Coordinator
Dental Training Programme
Fiji School of Medicine
Suva
Fiji

Ms Adi Lola Tuiloma
Principal
Fiji School of Nursing
Suva
Fiji

Mr Navitalai Litidamu
Head, Department of Environmental Health
Fiji School of Medicine
Suva
Fiji
Annex 3

4. OBSERVERS

AUSTRALIA

Ms Elaine Ward
Assistant Director of the International Unit
Commonwealth Department of
Human Resources Services and Health
GPO Box 9848
Canberra, A.C.T. 2601

Ms Vilaisan Campbell
Pacific Regional Programme Officer
The Australian International Development
Assistance Bureau
G.P.O. Box 887
Canberra, A.C.T. 2601

Dr Ross Sutton
AIDAB Health Advisor for the
South Pacific and Papua New Guinea
AIDAB Centre for Pacific Development
and Training (ACPAC)
Sydney

CHINA

Mr Yonglin Chen
Political Attaché
Embassy of the People’s Republic of China
147 Queen Elizabeth Drive
Nasese
Suva
Fiji

FRANCE

Mr Pierre Bourlon
Regional Counsellor for
Cooperation in the South Pacific
Embassy of France
Dominion House
Thomson Street
Suva
Fiji

JAPAN

Dr Masaharu Ito
Councilor for Science and Technology
and for Children and Family
Government of Japan
1-2-2 Kasumigaseki, Chiyodaku
Tokyo 100-45
JAPAN (Cont’n)

Dr Jinichi Suzuki
Deputy Director
International Affairs Division
Minister’s Secretariat
Ministry of Health and Welfare
Government of Japan
1-2-2 Kasumigaseki, Chiyodaku
Tokyo 100-45

Mr T. Yamaguchi
Second Secretary, Economic Corporation
Embassy of Japan
2nd Floor, Dominion House
Thomson Street
Suva
Fiji

Japan International Cooperation Agency (JICA)

Dr Kimiu Fujita
Japan International Cooperation Agency
Shinjuku-Mitsui I Building
2-1, Nishi-Shinjuku, Shinjuku-ku
Tokyo 160

MARSHALL ISLANDS, REPUBLIC OF

Mr Kinje Andrike
Ambassador Extraordinary & Plenipotentiary
Embassy of the Republic of Marshall Islands
41 Borron Road
Suva
Fiji

MICRONESIA, FEDERATED STATES OF

Mr Gabriel Ayin
Charge d’Affaires
Embassy of the Federated States of Micronesia
Suva
Fiji

NAURU

Mrs Millicent Aroi
Charge d’Affaires, a. i.
Embassy of the Republic of Nauru
Ratu Sukuna House, 7th Floor
Suva
Fiji

NEW ZEALAND

Ms Tessa Temata
DP2
Ministry of Foreign Affairs and Trade
Private Bag 18 901
Wellington

Ms Ngawini Keelan
New Zealand Embassy
Reserve Bank of Fiji Building
Pratt Street (P.O. Box 1378)
Suva
Fiji
## Annex 3

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<tr>
<th>Country</th>
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<td>PAPUA NEW GUINEA</td>
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<td>REPUBLIC OF KOREA</td>
<td>Mr Euy Sang Yoo</td>
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<td>UNITED KINGDOM</td>
<td>Ms Jane Pepperall</td>
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<td>Dr Kenneth Bart</td>
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United Nation International
Children’s Educational Fund
Dr J. Badcock
United Nations International
Children’s Educational Fund
Suva

SOUTH PACIFIC
COMMISSION (SPC)
Dr S.A. Finau
Manager
Community Health Services
South Pacific Commission
P.O. Box D5
Noumea Cedex
New Caledonia

SOUTH PACIFIC APPLIED
GEOSCIENCE COMMISSION
(SOPAC)
Mr Ed Burke
Project Manager for the Pacific
Water Supply and Sanitation Programme
South Pacific Applied Geoscience
Commission
Private Mail Bag
Suva
Fiji

5. SECRETARIAT

Dr A.G. Romualdez, Jr.
Director
Health Services Development and Planning
World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

Dr T.M. Biumaiwai
Acting Regional Adviser in Development
of Human Resources for Health
World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

Mr S.A. Tamplin
Regional Adviser in Environmental Health
World Health Organization
Regional Office for the Western Pacific
Manila, Philippines

Dr P. Lowry
Acting Responsible Officer in
Primary Health Care
World Health Organization
Regional Office for the Western Pacific
Manila, Philippines
Annex 3

Dr Wong Hee Deong
Short-Term Consultant, Oral Health
Regional Office for the
Western Pacific
Manila, Philippines

Dr S.K. Ahn
WHO Representative in the South Pacific
Suva, Fiji

Dr A.D. Parkinson
WHO Representative in Samoa, American
Samoa, Cook Islands, Niue
and Tokelau
Apia, Western Samoa

Dr Ian D. Welch
WHO Country Liaison Officer in Tonga
Nuku'alofa, Tonga

Dr Thein Dan
WHO Country Liaison Officer in Kiribati
Tarawa, Kiribati
ABSTRACTS OF DISCUSSION PAPERS

1. PROTECTING PACIFIC ISLAND ENVIRONMENTS
   AND PROMOTING HEALTH

- New Horizons in Health: It is recognized that new horizons are appearing in health. While we are gaining control over communicable diseases, other challenges are emerging. Some of these come in the wake of development as it affects the environments in fragile ecosystems. Inspite of the gains achieved, we must continue to move forward taking measures to sustain health.

- WHO has long held the view that people must be supported in helping themselves. The people have the right and duty to participate individually and collectively in the planning and implementation of their health care.

- The environmental health programme acknowledges the fragility of human life and gives full weight to the part environment plays in health. The problem-based training programme for Primary Care Practitioners integrates health and environment.

- Disease profile in the Pacific countries supports the view that it is very important to give food and nutrition a higher priority on the political agendas of Pacific countries, and to continue to emphasize the importance of finalizing and implementing both the national food and nutrition policies and the national plans of action for nutrition and food safety.

- Healthy Islands concept - The concept of Healthy Islands follows that of the Healthy Cities a community-involving concept which caused people personally and collectively to think positively about health. Healthy Cities involves the developed countries, so the models do not fit developing islands, but lessons learned from the concept are useful.

2. HUMAN RESOURCES DEVELOPMENT

The discussion centred around the need for appropriate human resources in health development to meet the critical and emerging health problems in the small island countries of the Pacific. The health workforce is the single most important component of a country’s health infrastructure.

Integration of health workforce planning with innovative educational processes then becomes critical to assess quantity, quality and appropriateness of the health workforce available to carry out regional health care initiatives.

The discussion focused specifically on the need to maintain the momentum at the Fiji School of Medicine to develop relevant and realistic postgraduate education and training. The paper briefly reviews (a) the projected dramatic increase in the number of the indigenous physician workforce, (b) the remarkable development of the undergraduate curriculum at the Fiji School of Medicine and, (c) the recommendation to get the postgraduate education and training on track in the light of the new projected expansion of the regional physician workforce.
3. PHARMACEUTICALS AND ESSENTIAL DRUGS IN THE PACIFIC

The provision of an acceptable level of health care services depends in part on access to an adequate supply of high quality, effective and safe vaccines, drugs and other pharmaceutical and medical supplies at an affordable cost. The paper reviewed mechanisms of cooperation and collaboration in the provision of pharmaceutical and medical supplies to the Pacific island countries with a view to:

- reduce cost by a variety of schemes including, when feasible, bulk purchase arrangements;
- ensure that such supplies and equipment are appropriate to the islands' needs;
- secure a formal statement of support for and collaboration in a common strategy aimed at improvement in the effectiveness and efficiency of the acquisition, supply or distribution of pharmaceuticals and medical supplies.
ANNEX 5

WELCOME ADDRESS BY THE MINISTER FOR HEALTH AND SOCIAL WELFARE
HON. SERUWAIA HONG TIV - FOR THE OPENING OF THE WORKING GROUP
SESSIONS OF THE CONFERENCE OF MINISTERS OF HEALTH
FOR THE PACIFIC ISLANDS, 6 MARCH 1995, SUVA TRAVELODGE, SUVA, FIJI

The Regional Director for the WHO Western Pacific Region, Dr Han,
Members of the Diplomatic Corp,
Participants and Observers at this Ministerial Conference,
Distinguished Guests,
Ladies and Gentlemen

Ni Sa Bula!

I am pleased to be here this morning to welcome you all to the opening of the first phase of
the Ministerial Conference on Health for the Pacific Islands, on behalf of the Fiji Government. I
extend a very warm welcome to all of you who have travelled considerable distances to attend this
conference. Thank you for making it.

Most of you will recall that I extended the original invitation to this meeting in September last
year in Kuala Lumpur during the 1994 Meeting of our Western Pacific Regional Committee for the
World Health Organization. I am therefore very grateful to the Regional Director, Dr Han and his
team, for organizing it quickly, thus facilitating the holding of this crucial meeting of the top health
officials of the islands of the Pacific.

To the participants and observers who have graciously responded: my heartfelt thanks for
accepting the invitation. Your presence here today is an indication of your commitment to the
objectives of this meeting. It is our aim that the current and anticipated human resources for health
needs in the islands, are reviewed. Also the implications resulting from changing lifestyles and
living conditions as well as the mechanisms for cooperation and collaboration in the provision of
pharmaceuticals and medical supplies be considered.

The successful delivery of health services is becoming very expensive and therefore it is not
in the best interest of anyone to interface with their communities without synchronizing their
programmes with those of their colleagues who are doing work in immunization, tuberculosis
control, environmental sanitation and all other aspects of the service. Why for instance, should
each segment of the health service have a vehicle of its own when we can put everyone in the same
vehicle heading for the same community to visit exactly the same client?

It does not work out as simplistically as that naive example, of course, but I hope to plant the
germ of the idea in our minds, namely, this concept of a team approach to delivery of health
services. The array of resources that are available to our services, after all, consist of the doctors,
the nurses, environmental technicians, nutritionists, sanitation engineers, dentists and yes - even
physiotherapists - and accountants, bookkeepers, secretaries, vehicle maintenance men and drivers.
They exist. They are all in place. It is unthinkable that they should not all be part of the team.
And it would be unforgiveable if they were to be in conflict, pulling in opposite directions.

The other recurring theme that you will be encountering in the coming days is that of "real
time" as opposed to "abstract time". The essential quality of this type of a conference in that all the
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participants bring to the discussions a point of view that is solidly rooted on the level of the real world, in its present time.

We can invoke a whole galaxy of descriptive terms to describe this kind of bias: practical; based on a realistic appreciation of the resources available at the moment; cognizant of the constraints that are operative; familiar with the limits of what is and what is not attainable within a reasonable span of time; and therefore most qualified to identify which types of action programmes would be workable; and which ones would be sustainable over time. We are all engaged in the actual practice of health care delivery, and the systems we employ for doing so.

It is my fervent hope that at the end of the two and half days deliberations you will come up with recommendations that my colleagues and I will be able to endorse as the first steps towards achieving, our common goals through our collaborative efforts to ensure that our Pacific Islands are healthy and are a better place to live in as we approach the year 2000.

So once again, to you the working group, colleagues and associates, thank you, welcome to Suva and I wish you the best in your deliberations.
Let me begin by thanking Mr Tudreau, Permanent Secretary of Health of Fiji, for his warm words of welcome. It is a pleasure to be back in Suva and more so to be among so many friends and colleagues from the Pacific islands.

I would like to express the deep appreciation of the World Health Organization, especially its Regional Office for the Western Pacific to the Minister, Madame Hong Tiy and through her to the Government of Fiji, for their gracious hosting of this meeting.

Finally let me express my deep satisfaction in noting that so many of you have deemed this occasion important enough for you to take time off from your very busy schedules.

I am sure that all of you are conscious of the critical need to work hard during the next three days in order to develop an agenda for meaningful agreements among the various governments represented here in the field of health. It has been almost eleven years now since the last meeting of the Pacific Ministers of Health. During that time the political, social and economic situations of your countries have changed considerably. The health sector has likewise been transformed, not only in the range of disease problems and health status indicators but also in terms of structures and systems.

The most recent evaluation of the implementation of WHO's Health for All by the Year 2000 strategy shows that almost all countries in our Region have achieved, or are close to achieving, the health-for-all goals set over a decade ago. Among Pacific island countries, indicators such as infant and maternal mortality rates and life expectancy at birth are at or approaching satisfactory levels. Even in those countries which are still struggling with old health problems such as malaria and tuberculosis and whose indicators are still not quite at health-for-all target levels, the basic infrastructure for health is in place.

The acceptance of the primary health care approach by all countries, in the organization and management of their health systems, has ensured that all programmes and services are within reach of most people at the community level. The training programmes for health personnel as well as the development of health services and facilities have adopted this basic orientation in almost all countries.

In addition, in order to reinforce the efforts to attain health for all, the Western Pacific Region has for the last six years been implementing six priority areas precisely to ensure that all countries, and pockets within countries, reach WHO's agreed health targets. Thus, activities to develop relevant and appropriate human resources for health have been emphasized. Concerted action has been taken to eliminate or otherwise control selected communicable diseases. Exchange of information and
experiences, especially among countries with similar problems, has been encouraged. Special attention has been given to the health effects of environmental changes. The promotion of healthy individual behaviours has been given priority. Finally, steps have been taken to further strengthen management capabilities within the health sector.

We must maintain these efforts to enable all countries here to achieve their health-for-all targets and to help those which have already attained them to further improve their health status. Our six priorities will remain valid, especially for the Pacific islands, throughout the remainder of this century.

However, beyond the horizon of the year 2000, new challenges to health are emerging. These require us not only to maintain the gains we have made in the health status of individuals and communities, but also to take a new look at the way we approach health and the quality of life of people.

It was in response to these concerns that I presented the document entitled "New horizons in health" to the Regional Committee for the Western Pacific Region of WHO in September last year. The paper outlined the new directions needed in the health sector during the balance of this decade in order for us to be prepared for the 21st century. These suggested approaches were warmly accepted by the Committee, which urged that I should work closely with Member States on their implementation. I believe that this meeting is one of the initial opportunities to execute this mandate. In this meeting you have the opportunity to talk in realistic and practical terms about activities which will have a direct effect on improving the health of the countries of this region.

In compliance with the Regional Committee's directives, our Secretariat is currently working on details of the new approaches. We are concentrating in particular on the need for each activity to be country-specific and related immediately to the outstanding health and human development issues. As a framework for your discussions here, a brief summary of some elements of these approaches would probably be useful at this time.

All of our efforts in health to date have been centred around disease problems - prevention where possible, treatment when necessary, and rehabilitation where damage has occurred. The proposed new approach places emphasis on positive health - the promotion of healthier living - and on the protection of life - advocacy of healthier environments. Necessarily, this also means that further strengthening of intersectoral collaboration, as envisioned in primary health care, will remain a major feature of health action for the future.

The accent on health promotion and protection implies two things. First, it stresses the fact that by taking responsibility for their own health, individuals can ensure healthier futures for themselves. Secondly, societies and communities as well as governments, must ensure that both social and physical environments are maintained which enable people to exercise these responsibilities.

To do this, it is proposed to group health activities along the lines of three major themes. The first of these, "Preparation for life", consists of activities designed to ensure that individuals at every stage of life are provided with services and opportunities to assure health at each succeeding stage. "Protection of life" enables individuals and groups to minimize external threats to health. "Quality of life" is the enjoyment with dignity of the fruits of longer and healthier living by all.

Although all three themes are applicable throughout the human life cycle, emphasis will shift as an individual progresses to each stage of life. Thus, during childhood and adolescence, preparation for life will be the main theme. For adults, the chief concern will be the protection of life, while in later years, issues related to the quality of life will assume increased importance.
When this Ministerial Conference was discussed in Kuala Lumpur last year, the representatives of the countries and areas concerned selected three main topics for discussion. Accordingly, the papers for discussion have been prepared on health promotion and the environment, the development of human resources for health and the issue of pharmaceuticals and other medical supplies. I would like to recommend that these issues be discussed within the context of the approaches proposed for the "New horizons in health". Further, I would like to suggest that, along these lines, this meeting of permanent secretaries and directors develop specific action-oriented proposals for your respective ministers to deliberate on during the final two days of the Conference.

Health promotion and the protection of the environment are evidently major concerns of the new health approaches. It is therefore anticipated that agreement on generic issues can be readily achieved. It is also then reasonable to expect that specific actions to be taken at country level will be identified during your deliberations. An example would be the development of a "healthy islands" concept which brings resources from sectors other than health to bear on health issues.

The countries represented at this Conference share features which make the development of human resources a continuing major concern in the field of health. Because of population sizes, geography and culture, no one country can maintain the training capabilities for the entire range of health personnel it requires. Thus, resource sharing in this area is of vital importance. Your consideration of the developments at the Fiji School of Medicine should be an example of such an undertaking. Agreements on these issues will be vital if we are to effectively develop the human resources needed for health beyond the end of this century.

Resource sharing is also a fundamental point in your discussions on pharmaceuticals and other supplies for health. I am sure that you are all aware that the issues involved are difficult and complex. At this stage, we may all have to accept even relatively minor progress towards common programmes of procurement. I am sure that further clarification of some of the problems which we have encountered will be useful for the future.

To summarize, it is crucial that this meeting proposes actions which will help all the participating countries to meet the emerging health needs of the next century. The three main topics for discussion are vital areas of concern. Knowing that all of you here share this view, I am confident that your recommendations will be important first steps in ensuring healthy Pacific islands for the future. I look forward to seeing them and discussing your conclusions and recommendations with your Ministers in the final two days of the Conference.

Thank you.
ADDRESS BY HIS EXCELLENCY RATU SIR KAMISESE MARA, GCMG, KBE, KStJ
PRESIDENT OF FIJI, AT THE OPENING OF THE CONFERENCE OF MINISTER
OF HEALTH FOR THE PACIFIC ISLAND COUNTRIES
FIJIAN RESORT, YANUCA ISLAND, 9 MARCH 1995

Chief and people of Nadroga, Honourable Minister of Health, Regional Director of the
World Health Organization, Members of the Diplomatic Corp, Your Worship and Councillors,
Conference Members, Ladies and Gentlemen.

First I must express my sincere appreciation for the very impressive Fijian ceremonies
of welcome performed by the Nadronga people this morning. I regard them not only as done
in honour of the President, but also as evidence of the recognition of the importance of this
Conference, and its real relevance to your everyday life and that of your families. They are
also intended for our distinguished guests and I am sure they would wish to be associated with
my words of thanks.

Now, I warmly welcome you all to this Ministerial Conference on Health, and I believe
I speak for all in paying tribute to the World Health Organization for organizing this
conference, and indeed for all the excellent work they do in the Region.

I am told it is more than ten years since we had a gathering of this nature and I am sure
there will be some interesting facts and figures to be produced which will show our progress
over the years. Facts and figures are useful tools in assessing measures of success and failure,
but it is very important to constantly bear in mind that these statistics represent people, and it is
with people that not only we have to deal, but we are privileged to deal. It is therefore very
important that our studies, our recommendations and our work in the field take account of the
different social cultures and customs of the people, as well as their differing economic
standards. And that is why I think there was great significance in opening this conference with
Fijian ceremonies of welcome. These ceremonies are a reminder of the enduring patterns of
life and indeed they reflect it. They are the evidence that people know what, when and where
to plant, how to prepare the ground and how to care for the produce, evidence in short, of a
healthy way of life.

This is why the perhaps rather old fashioned general practitioner can often treat one of
his own patients better than some highly qualified consultant who sees the patient for the first
time and has perhaps 15 minutes to diagnose. Thereafter such a consultant may well prescribe
a diet which is clearly beyond the resources of the patient to provide. Whereas the general
practitioner knows the home conditions in which the patient lives, and can diagnose and
prescribe against that background.

Flexibility is essential in a rural environment. We had a doctor in Taveuni in the early
fifties who examined a patient, told him his complaint, and went off to dispense the appropriate
medicine. But he ended up having to go back to the patient and say, "Sorry, we don't seem to
have the right drug, I'll need to change the diagnosis!" Perhaps I need hardly add that the
doctor was an Irishman. Well, perhaps that is taking flexibility to its limit and even beyond,
but it will serve to remind us of the background against which many of our practitioners work,
and also of that most valuable medical prescription - a sense of humour.
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But these cautionary words are not, of course, to minimize the great advances in medical science and in therapeutic techniques, immunization, improved diagnostic machinery, new and effective drugs are wholly admirable and certainly forward the frontiers of our health care. However, what I am saying is that they should all be exercised within an environment where the people and their ways are thoroughly understood.

I suppose all this can be aptly encapsulated in the now well known phase "improving the quality of life", or perhaps, to be really fashionable, I should say "improving the sustainable quality of life." The World Health Organization, divides this concept rather like our old religious preachers, or indeed like Caesar's Gaul, into three parts. And I find them wise and helpful. First there is preparation for life, then the protection of life; and then the quality of life in later years - provided we don't leave it too late! This implies a very wide spectrum for many other ministers as well as the Minister of Health. It means appropriate education, creating opportunities for maintaining livelihood and economic advancement, wide availability of and publicity for health services and many more. But the important point is for these various departments to be associates and not rivals.

Needless to say, conferences of this kind are not the whole story. But they provide a stimulus, a chance to exchange ideas, experiences and to learn from each other. Who knows, the problem of one country may be solved by another, and what one country takes for granted may well have been giving their neighbour headaches.

So you have before you a real challenge. Your presence here is evidence of your will to accept this challenge and I wish you all well in your endeavours.

I am sure that you will spare sometime to enjoy Fijian hospitality.

Thank you for this kind invitation and in opening the conference I ask for God's blessings on your deliberations and their follow through.
REMARKS BY THE MINISTER FOR HEALTH AND SOCIAL WELFARE OF FIJI, HONOURABLE SERUWAIA HONG TTY, AT THE OPENING OF PHASE TWO OF THE CONFERENCE OF MINISTERS OF HEALTH FOR THE SOUTH PACIFIC ISLAND COUNTRIES AT THE FIJIAN RESORT, YANUCA ISLAND, FIJI
9 MARCH 1995

Dr Han, Regional Director, WHO Western Pacific Regional Office,
Honourable Ministers of Health and Permanent Secretaries,
Valued colleagues from the Fiji House of Representatives,
Senate and Government Service,
Participants and Observers at this Ministerial Conference,
Distinguished guests,
Ladies and gentlemen.

First of all, let me echo once again the words and the spirit of welcome extended to you this morning by His Excellency the President of Fiji, the Rt. Hon. Ratu Sir Kamisese Mara. I am delighted that we have now reached the final phase of this keenly awaited Conference of Ministers and Senior Health Managers from the island countries of the Pacific. To my counterpart ministers and health directors who now join us for this stage of the meeting: Bula Vinaka. And to everyone, especially those who I had greeted earlier at the start of the conference in Suva: A warm welcome to Yanuca Island and the Fijian.

Please allow me to confirm, especially to my fellow ministers of health, that the working group of senior staff that convened in Suva three days ago for this conference has put in very long working hours to produce for our consideration both draft policies and the means by which such policies can be implemented. I thank you all for your concentrated efforts and, no doubt in common with the other Ministers here today, I look forward to discussing these key issues, in a cordial and open manner, with a view to finding such common ground of agreement which will enable us all to return home from this conference with confidence in the future course which we have charted. I am sure that after genuine debate we will find that common ground and that the final product of this conference will be all the stronger for being a synthesis of views from across the Region held by those sincerely concerned about the future of their health services.

The working group successfully covered each of the major areas for discussion that were selected for this meeting, namely: health promotion and environmental protection; development of human resources for health; and pharmaceutical services and essential drugs in the Pacific. They combined such discussions with woking visits to the Colonial War Memorial Hospital, the Fiji School of Medicine, and the Fiji School of Nursing, which are all centres that participate in the development and training of a wide range of health professionals for the Pacific.

I would now like to briefly highlight some of the underlying themes of the discussions of the last few days, especially collaboration, practicality, and sustainability.

First, the need for closer and real collaboration: among different segments of health ministries; among concerned ministries of governments who after all exist to serve the same client or customer; and among countries and areas especially here in the Pacific. The successful
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delivery of health services is becoming very expensive. The per capita resources available to our respective health services may no longer be as abundant as they were ten or fifteen years ago. The judicious and responsible management of public funds is essential to avoid duplication of effort among government ministries for programmes that are aimed at the same consumer. With each ministry of health, effective approaches to successful delivery of health services will now require very fine-tuned teamwork among the various specialized groups and support units.

The emphasis will be on the sharing of resources for the achievement of common objectives, as opposed to the specialist approach where for instance the package of maternal and child health services is made available by maternal and child health specialists one day, and on another day the nutritionists arrive with their own packages, and on other days you find the sanitation and environment people or the immunization teams or charitable organizations all making their contributions. While the efforts of dedicated specialists are to be commended we may be faced with situations where the benefits from carefully combined programmes are significantly greater than the benefits of the same programmes organized individually: The old adage that 'the whole is greater than the sum of the parts' may well apply.

We are entering an era of intensified collaboration not only among government units within each individual country, but also among countries in this Region, and more specially in coordination with international agencies and donor groups.

WHO for example has begun to ask countries in the Pacific to identify just two, three or four priority health issues which could be used as a springboard for collaborative action. I understand that this is intended to bring into focus the most important or key entry points for collaborative action. It is also a procedure which will require the identification of the counterpart action and support needed from other government ministries, as well as international and donor agencies, even to the point of influencing the drafting and passage of legislation. All this has to be done with the clear, and sometimes uncomfortable, realization that at different points in time certain things are possible, and others are not.

This brings me to a second thematic strain from the discussions of the working group, namely, that the action programmes we adopt both in particular countries and in collaboration with countries and agencies within this region should be practical, workable and sustainable. Our accountability for public funds demands that we all do no less. these are not new words, but they continue to provide simple criteria of real use when making difficult decisions about resource allocation and the selection of programmes and projects. They can help us define our plans and actions for the balance of this century. They can also contribute to the general framework of realistic action for the initial decade of the twenty-first century.

It has been said often that among the different basic services delivered to its people by government, health is probably the most obvious, the most visible, and the most susceptible to criticism when a shortcoming occurs. Sometimes such criticism can be vitriolic and unbalanced, but may contain a kernel of truth. In the face of such scrutiny it is particularly important that planning and management in the health sector needs to be realistic, especially by those involved in the day-to-day control of its affairs. Almost all good practice relies on good theory, and the challenge especially in health is to ensure that our plans and actions are practical, workable and sustainable, yet set within a sound theoretical context.

Before I close, I would like to say a few words on a subject particularly close to my heart and that is the future of the Fiji School of Medicine. I am sure that we all appreciate the importance of Fiji School of Medicine to the health services in the Region and that we all want to see this institution develop appropriately to meet our needs. Recent studies have generated both constructive debate on FSM and also a momentum for change. For example, the governing council of FSM has just endorsed in principle a draft feasibility study for the general development of FSM. I sincerely hope that we can agree over the next day or so to take this
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Issue further and to determine a sensible way by which we can draw our views together over the coming months to achieve a consensus about the future shape of FSM. My Government is certainly keen to play its part in such a process for the good of all the countries of our Region.

So, we are here today to apply a critical eye on the products of our working group of the last three days and to seek agreement on approaches to specific key issues for our Region. On that note, my esteemed colleagues and associates in the health services of our Region, welcome to Yanuca and the Fijian, and most of all, thank you for having accepted my original invitation.

I thank you all.
HONOURABLE MINISTERS OF HEALTH OF PACIFIC ISLAND COUNTRIES, PERMANENT SECRETARIES AND DIRECTORS OF HEALTH SERVICES, OBSERVERS, DISTINGUISHED GUESTS, EXCELLENCIES, LADIES AND GENTLEMEN:

First of all, I would like to congratulate Madame Hong Tiy, Minister for Health of Fiji, her staff and all concerned for the excellent arrangements for this Conference. Through her, I would like especially to thank His Excellency the President of Fiji for his words of welcome, as well as his advice and encouragement earlier this morning. His Excellency demonstrated a firm grasp and appreciation of the future of health in this part of the world and for this I believe that the Minister deserves further congratulations. I know that all other Ministers here have also done their part and I am confident that all heads of state in the Pacific are as well briefed and supportive as President Ratu Sir Kamisese Mara.

To me your presence today is clear evidence of a consensus that this Conference is a historic occasion. In this regard, I especially acknowledge the presence of the most senior member of the Pacific health community - the Honourable Minister of Health of Tonga, Dr Tapa. I am sure that his counsel will be most valuable in the coming two days.

Last September, in Kuala Lumpur, during the forty-fifth session of the WHO Regional Committee for the Western Pacific, many of you present today endorsed "New horizons in health", a document which outlines the future directions of health even beyond the year 2000. The committee also mandated the Regional Secretariat to work closely with Member States to further develop the concepts contained in the document and to translate them into specific actions which can be taken at country level. This Conference is, in a sense, a historic first step towards these new horizons in health for the island nations of the Pacific and indeed for our whole Region.

I propose that we conduct our next two days' discussions here in Yanuca Island within the framework. Please therefore let me review the recent health developments that have led us to the "new horizons" approach.

In 1989, the various monitoring and evaluation activities related to the Health for All by the Year 2000 effort of WHO, made it clear that a number of countries and areas in the Western Pacific Region would have difficulty attaining their health goals in time. In addition, pockets of populations remained underserved even within countries that had already or were about to attain these goals. To remedy this, the Regional Office identified priority areas for concerted action.

Thus countries of the Western Pacific revitalized their human resource development efforts, further strengthened management programmes in health, placed new emphasis on healthy behaviour by people, paid closer attention to the environment, renewed efforts toward eliminating selected...
communicable diseases and, finally, and perhaps most importantly, shared with each other information and experiences in dealing with common or related health problems.

Today, I am happy to report that these labours are beginning to bear fruit. The most recent Health-for-All Evaluation shows that health indicators for most countries and areas are at, or near, the agreed targets. With your continued collaboration in implementing our agreed priorities, I am confident that all shall reach the targets by the year 2000 or soon thereafter.

But today, as we approach the homestretch of our run up to health for all, we must look at health horizons beyond the end of this century. There we see new challenges and new opportunities. At the same time as we resolve the problems of infections such as poliomyelitis and leprosy, we realize that tuberculosis and malaria will continue in some places and the newer spectres such as HIV/AIDS will remain. In addition, noncommunicable diseases, most of them related to unhealthy behaviours and a deteriorating environment, are even now posing threats to recent health gains.

Nevertheless, we also have new opportunities not only to consolidate these gains but to ensure an even healthier Western Pacific in the 21st century. We will be able to do this if we harness the momentum of the current health reform movements and adopt new approaches for health action while maintaining our common commitment to the health of all our peoples. This is the vision which the "new horizons" attempts to promote.

All of our efforts in health to date have been centred around disease problems - prevention where possible, treatment when necessary, and rehabilitation where damage has occurred. The proposed new approach places emphasis on positive health - the promotion of healthier living - and on the protection of life - advocacy of healthier environments. Necessarily, this also means that further strengthening of intersectoral collaboration, as envisioned in primary health care, will remain a major feature of health action for the future.

As we agreed in Kuala Lumpur, this Ministerial Conference focuses on three main topics, namely: health promotion and the environment, the development of human resources for health, and pharmaceuticals and other medical supplies. For the past three days I have observed your permanent secretaries and directors of health as they grappled with the various issues related to these topics. I know that the tasks they undertook were difficult and I can assure you today that all of them worked very hard. The product of these deliberations will be presented today in detail but I know that I will be forgiven if I allow you, the Ministers, a sneak preview overview of their proposals.

The discussions on health promotion and the environment, which took place on the first day of the meeting, effectively provided the main theme for subsequent deliberations. We are aiming at a holistic health care that deals with the whole person and relates to the totality of people's living and working environments. We all now have to do some careful thinking about how to make such "positive health" sustainable in the face of national development. Our new horizons in health rest upon two central concepts which lie beyond curative care and public health as it stands today. These concepts are health promotion and health protection.

You will be presented today with a methodology to develop policies, programmes and actions which enable individuals to assume responsibility for their own, their families' and communities' health. It is intended that such an approach is sufficiently flexible to fit each of your country's individual needs and circumstances.
On pharmaceuticals and medical supplies, the meetings concentrated on a review of the on-going collaborative arrangements and how these may be further strengthened and improved. The issues are particularly difficult and involve sectors other than just health. Thus, the goal of fully integrating procurement programmes will only very gradually and slowly be achieved. However, the fact that we are continuing the dialogue in this vital area is a clear demonstration of everyone’s commitment to the intersectoral cooperation which is the basis for most of the new approaches to health.

The actions proposed for the sharing of resources and common programmes in the development of human resources for health comprise an exciting package. This will ensure our health plans for the future will be carried out by appropriately trained and firmly committed health professionals. As I have said before, human resources for health are the crux of the matter. They will determine whether programmes and activities, facilities and services will effectively contribute to healthier living in the Pacific islands of the future.

Finally, let me reiterate my conviction that this Conference is a historic occasion. This is the first meeting of national health leaders to discuss the new horizons approaches to health endorsed by the Regional Committee for the Western Pacific. The common actions you agree upon here may well be the models for how countries work together in the field of health in the years to come. I hope that the your consideration of healthy islands as our slogan for health in the Pacific for the 21st century will profoundly influence future health development not only in this Region but probably in the rest of the world.
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APPRECIATION ADDRESS BY THE MINISTER FOR HEALTH AND SOCIAL WELFARE, HON. SERUWAIA HONG TITY AT THE CLOSING CEREMONIES FOR THE CONFERENCE OF MINISTERS OF HEALTH FOR THE PACIFIC ISLANDS, AT THE FIJIAN RESORT, YANUCA ISLAND, FIJI, 10 MARCH 1995

The Prime Minister of Fiji, Hon. Major-General Sitiveni Rabuka, The Hon. Ministers of Health and Permanent Secretaries, Dr Han, Regional Director, WHO Western Pacific Regional Office, Participants and Observers at this Ministerial Conference Distinguished Guests, Ladies and Gentlemen.

I am grateful at the closing of this Conference on Health for the Pacific Islands to have the opportunity to say some words of thanks and farewell to all of you.

However, before I do so I would like to look back over this busy week and share some of my thoughts and impressions with you.

The most heartening aspect of the week for me has been the cooperative spirit and attitude displayed by all those taking part and I sincerely thank you all for that and trust that you share my sentiments. There has been a real sense of unity and commitment to addressing those health issues which we face together. I think this is of critical importance. Without such an attitude and spirit, we could listen to erudite technical papers on health matters and indulge in interesting discussion, and that would be that; there would be little practical outcome, and yet that is what our people in our far flung and diverse communities look for from us - practical outcome.

However, it has been clear throughout this week that all participants have come to this gathering in a positive frame of mind and intent on making real progress in key areas such as environmental health, health promotion, training, and procurement and management of drugs, medical equipment and supplies. It is apparent that all these fields, which have been kept in sharp focus throughout the week, offer genuine opportunities for beneficial collaboration across the Region. While recognizing the importance of all these areas, I would like to say a few words in particular about the future of the Fiji School of Medicine.

During this Conference, there has been a full and healthy discussion of this complicated topic about which, I know, many of us feel strongly. Fiji School of Medicine has had a long and special role in meeting the needs for a capable health workforce in this family of island nations. We have all recognized the strategic future of Fiji School of Medicine and other institutions and have defined and evaluated the options in a real, open and friendly exchange of views and concerns.

I am delighted to see that the practical outcome of such discussions has been a decision to commit ourselves to greater competence by a programme of activities and engaging in a process of
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consultation across the Region to achieve a workable framework that allows relevance, participation and continuing excellence. I have every confidence that over the coming months, the constructive and accommodating spirit in which the present discussions have taken place will evolve the management, resourcing and networking strategies and we must harness for improvements to health workforce developments in our nations.

On the specific issue of postgraduate training which was highlighted during this Conference, I was most encouraged to hear the general approval from across the Region for this development at Fiji School of Medicine, the Papua New Guinea Institute of Health Sciences and other local institutions. I have no doubt that we can build on such expressions of support in the relatively short term.

Reflecting on the other main topics of discussion of the Conference, such as environmental health and the procurement and management of drugs, medical supplies and equipment, I feel some important steps forward have been taken and networks established in the last few days to facilitate regional cooperation as we address such issues.

Of the topics discussed in the last two days, none has captured my imagination more than the healthy islands concept. Fiji faces many complex problems in dealing with growth and development.

The concept of healthy islands affords us the opportunity for affirmative health action. It brings with it a way of thinking which I am sure we can learn and share. I, like my sister minister from Niue, would like to put my hand up. We will try it and share our experience as we learn.

As our Conference comes to its end, I wish to express my heartfelt thanks to all those who have made it possible and all those who have attended and contributed.

Firstly, I would like to thank the Hon. Prime Minister, Major-General Sitiveni Rabuka, for being with us today to take part in our final sessions and to deliver the closing address despite his very busy schedule this week.

On behalf of my Government, I thank Dr Han, the WHO Regional Director for the Western Pacific, for supporting this valuable event, for coming such a long way to be with us, and for participating so fully during the whole week.

I sincerely thank my fellow ministers for health and their permanent secretaries and directors of health for travelling to Fiji and for contributing so positively throughout the Conference and in such a welcome spirit of cooperation. Please accept our apologies if there have been any shortcomings in accommodation and hospitality. We will do better next time.

I would like to thank all the representatives from overseas governments and aid organizations who have been with us at this Conference as observers. We appreciate your interest very much and we trust that you have found the discussions informative and noted the needs expressed by my learned colleagues.

I wish also to thank our friends who have lent a hand, the Japanese Embassy for hosting today’s lunch, the Fiji Posts & Telecom Company and the Fiji International Telecommunications Limited (FINTEL) for sponsoring last night’s programme. Most of all our gratitude and appreciation to the management and staff of Shangri-La’s Fijian Resort.
Finally, I thank the WHO staff from the Regional Office, Manila and Suva for their great efforts in helping to organize this conference so successfully and for contributing to both the formal and the informal discussions. A special thank you to the technical advisers and consultants for both producing most useful papers and for informing the debate when necessary.

I feel this has been a most worthwhile week and of course it has only been so because of the constructive spirit which everyone has displayed, so thank you all very much for making this Conference a success. I am confident that when at some future date, historians evaluate the "Yanuca Island Declaration on Health in the Pacific in the 21st Century" of this day our individual and collective imprints on it will be clearly evident.

Thank you.
Honourable Prime Minister, General Rabuka, Madame Chairperson, Honourable Ministers, Permanent Secretaries and Directors of Health, Observers, Guests, Ladies and Gentlemen:

I would like to acknowledge with appreciation the fact that the Honourable Prime Minister of Fiji has joined us today despite his having just returned from his journey to Papua New Guinea. I consider this yet another expression of the Fiji Government’s firm resolve to contribute to the health of the people of this region.

Yesterday, I expressed my conviction that this Conference is a historic occasion. As the Minister of Health of Fiji has just said, the result of your discussions as expressed in the Yanuca Island Declaration on Health in the Pacific confirms this conviction. It only remains for me to reiterate the words of appreciation expressed by Madame Minister to all who contributed to the success of this Conference.

With this declaration, the concept of “healthy islands” has become the main theme for health action in your respective countries during the remainder of this century. I have no doubt that all of you are determined to make this concept work for the benefit of your peoples. On my part, I can pledge full support for all collaborative undertakings under this theme from the Western Pacific Regional Office of the World Health Organization. I realize that the actual resources available under this pledge are meagre compared to the needs. However, I am certain that with everyone in this room working together with others, we shall be able to generate even more support from many sources.

In this regard, I would like to address donor countries and agencies, some of whom have been with us during the deliberations and are still here today. Let me point to the Yanuca Declaration as firm evidence of commitment of the participating countries to the health of their peoples now and in the future. Let me ask you to join them in their efforts to attain their aspirations in health. I have said before and I reaffirm that it is not necessary for donors to channel resources through W.H.O. It is only necessary that we work together for the benefit of the countries we are committed to support. This Conference has been an excellent example of partnership and teamwork in the “Pacific way”. Surely, donors and multilateral agencies can do no less than work in the same manner.

Thus with the revitalization of the Fiji School of Medicine, the network of existing training institutions of the Pacific as mandated by our Regional Committee in 1990 will be carried another step forward. Even as the human resources for health are being prepared by actions like this, we can begin to move in the area of promotion of health and the protection of the environment. We
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shall also be moving ahead in cooperative activities in the area of pharmaceuticals, medical supplies and equipment.

Finally, I have a dream which I believe all of you share. I would like to wake up on the 1st of January in the year 2000 to see the fruits of efforts such as the ones we started today. Despite temporary setbacks our Organization has been experiencing recently, because of today, I remain confident that our dreams for health in our Region will still come true.

Thank you.
Although I am here to close your Conference, I want to begin by saying to you all 
Bula Vinaka, welcome to Fiji, and thank you for deciding to hold your Conference in our country.

I suppose if one were to identify the three most important aspects of development in a 
country - it would have to be the provision of good education for all its young people, ensuring 
good health for all its citizens, and creating well paying jobs and other income earning opportunities 
for all those who seek and need employment.

I imagine, however, that since we are here as Ministers, some of you may feel tempted to ask 
- but what about us, the politicians!

I do welcome you to Fiji because I feel that as leaders with public mandate to look after the 
good health of your country and its people, we do have common responsibility to share 
information, and to exchange views and experience, so that at the end of this Conference, when you 
return to your respective countries, we can all do so enriched by the knowledge and the wisdom 
that we have gained from our attendance and participation here.

I understand that the last time you held a meeting of a similar nature was seven years ago 
when there was a kind of health care scare brought about by a threatened shortage of trained health 
workers.

You then had to explore fresh options to improve coverage of health service needs in our 
different island nations.
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I am informed that this has also been the general theme of your meeting here this week, and, through it, you have explored possible strategies and action plans for improving the delivery of health services to our people.

You have looked to the Year 2000 and beyond, anticipating to produce a stream of skilled and motivated young health personnel, to develop a health service system, that is multi-disciplinary, multi-sectoral, and this augurs well for community team work.

You have also dealt with postgraduate training and continuing medical education of our medical and paramedical health workers, anticipating the future needs of our nations.

In addition, you have also dealt with the means to provide for a more efficient and effective pharmaceutical and medical supplies procurement system for each nation.

I am confident that the important challenge of continuing improvement in health and medical care facilities and services for our population have been examined thoroughly by you in the course of your discussions and deliberations.

I have no doubt that the options you have canvassed have taken proper account of innovative approaches that must be considered and introduced in the interest of improving the quality and delivery of health and medical care services for our people.

While some of the options may be country specific, it must be recognized that they have to be managed as regional concerns, since we live in a community of nations that have to share resources.

For our island nations, with limited resources and new and expanding demands, we cannot possibly match the standard and quality of "hi-tech" facilities and state-of-the-art diagnostic and treatment equipment that one takes for granted in the rich developed countries.

But this is no reason why each of our nation cannot aspire to a national goal of achieving medical excellence for our people. Our goal must be to constantly improve the whole spectrum of health and medical care services that we provide.

Of necessity, there has to be higher priority on primary health care, preventive medicine and health education. We also have to invest, through continuing medical education and training, to improve skills and to keep pace with development in medical science and knowledge.

For us in Pacific Island countries, health for all by the Year 2000, must be seen as a national challenge to ensure that all our citizens have access to adequate health care. This care has to be comprehensive if it is to be appropriate to the kind of society we each have. It is ideal if it is family-based, community-centred, and culturally sensitive. Our health care system must be efficient but in addition to it being accessible and available to all, it must be affordable.

The quality of our health care service will also depend on attitudes towards the patients. Too often they are viewed as supplicants of care to be seen at the convenience of the medical doctor or the nurse. Patients must be viewed as partners in our health care system. They do not deserve to be kept waiting for long periods. Convenience facilities for them must be provided and improved. And our health care system has to be sensitive to the language and culture of the individuals it serves.
We all recognize and appreciate the critical importance of health education and preventive medicine. Every time a limb is lost due to chronic diabetes, and every death that is caused by a heart attack, we are reminded that we must try harder and persist in educating the community towards a healthier lifestyle.

There is an urgent need to change the attitude and practices of our population towards a healthy lifestyle through the delivery of appropriate public health activities, innovative health promotion, and down-to-earth good nutritional practices.

It is not enough that our physicians and related health professional workers see their role as being limited to dispensing curative medicine. A comprehensive health care service must require and train our doctors and nurses to also advise patients on what is good for them for their general well-being. There must be ready, intelligent and sensitive advice on healthy lifestyles - for example, the need for regular exercise, the need for a balanced diet, and dangers of smoking or over-indulgence in liquor or kava! Where appropriate, there should be advice on the dangers of AIDS and hepatitis. Drugs is now a growing problem in all our societies, contributing to the increase in serious crimes.

All this must be part of our commitment towards medical excellence - for the delivery of the best in health and medical care we can afford but which we must provide for our people.

Health is more than just the absence of disease and infirmity, and causes of illness. In the context of our societies, health and medical care must take on a wider scope than the traditional definition. It is therefore, clear that our approach must assume a more comprehensive character. We must persuade all the members of our society to adopt a style of life that stresses quality - in other words, which provides, maintains, and improves the physical, mental and social well-being of the population.

In this regard, rapid urbanization poses our greatest challenge in the management of the quality of our lives.

We have seen how more regular and higher income, along with other developments, has encouraged urbanization and social changes which characterize our society today. These societal changes have brought in their wake the attendant problems of substance abuse, poor diet, greater dependence on more expensive urban markets, and weakened extended family support systems.

We cannot afford to be unconcerned that diet and lifestyle related diseases have become our leading causes of illness and deaths. There is also the alarming increases in trauma-related deaths and hospitalization, through homicide, violence, suicide and accidents. We must all take concerted action to deal decisively and comprehensively with the health care and other problems closely associated with urbanization and dislocation from our traditional way of life.

In concluding, I wish to take this opportunity to thank Dr Han and his WHO team both from Manila and here in Suva for their support in the convening of this Conference, and for WHO’s contribution in the improvement of health care services, including training, in our Region. I have heard it whispered that within the World Health Organization, the Western Pacific Region, yes, our Region, is possibly the best Region where WHO support and assistance have been most successful, both in their positive value and in the appreciation, WHO has received from all its beneficiaries.
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Let us continue this partnership and collaboration between WHO and the countries in the Region as we pursue our common goal of "health for all Pacific island countries by the Year 2000 and beyond."

Thank you.
YANUCA ISLAND DECLARATION

Adopted at the
Conference of the Ministers of Health of the Pacific Islands
Yanuca Island, Fiji, 10 March 1995
Sponsored by
The World Health Organization

The World Health Organization
1995
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FOREWORD

The World Health Organization is proud to be associated with the historic Yanuca Island Declaration. It is at once a record of achievement, a spur to realize noble aims, and a stimulus to others to follow suit.

In the Western Pacific Region of WHO, we are looking at future directions in health and human development stretching beyond the end of this century. There we see new challenges and new opportunities. To date, our efforts in health have been centred around disease problems: prevention where possible, treatment when necessary, and rehabilitation where damage has occurred. I have proposed a new approach, where quality of life is taken into account, which emphasizes positive health, and the promotion of healthier living. My document, New horizons in health, stresses the way in which this must be linked with a sensitivity to the protection of life and the role of the environment, especially in fragile ecosystems. To accomplish these aims we will need to further strengthen intersectoral collaboration, as we originally envisioned in primary health care. This will remain a major feature of health action for the future. In view of this, I warmly commend the concept of "healthy islands" that has been adopted in the Declaration as the unifying theme for health promotion and health protection in the island nations of the

YANUCA ISLAND DECLARATION
Pacific for the twenty-first century. Further, I acknowledge with satisfaction the way in which the Declaration has taken into account the cultural and social values of Pacific societies, and sought to address problems in a suitable way. I feel confident that, with the continued strong participation in this process of change and development by both the highest levels of government, and the people of the Pacific island countries, we are looking to a very positive future.

S.T. Han, MD, Ph.D.
Regional Director
World Health Organization
YANUCA ISLAND DECLARATION

INTRODUCTION

Responding to the economic changes which are affecting quality of life in Pacific island countries, and taking into account the approaches articulated in the document *New horizons in health* endorsed by the Regional Committee of the World Health Organization’s Western Pacific Region at its forty-fifth session in 1994, a Ministerial Conference on Health for the Pacific Islands was convened in Fiji from 6 to 10 March 1995. The priority issues for the conference were human resources development; health promotion and health protection; and supply and management of pharmaceutical and essential drugs. Participants reviewed the level of human resources development in the Pacific island countries; examined the various trends and changes affecting the health situation; and identified possible strategies and options which could be adopted in the light of each country’s unique situation.

During the first two and half days (6-8 March), Permanent Secretaries/Directors met as a working group to formulate and discuss recommendations for the Ministers to consider during their two-day conference on Yanuca Island (9-10 March). The Permanent Secretaries/Directors’ meeting was held in Suva, close to the Fiji School of Medicine, its teaching hospital, the Colonial War Memorial Hospital and the Fiji School of Nursing.
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Health Ministers and Permanent Secretaries/Directors from the Cook Islands, Fiji, Kiribati, Marshall Islands, Federated States of Micronesia, Nauru, Niue, Palau, Papua New Guinea, Solomon Islands, Tonga, Tuvalu, Vanuatu, and Samoa, together with observers from Australia, France, Japan, New Zealand, United States of America, regional organizations and United Nations agencies attended the Ministerial level sessions on Yanuca Island.

Over the two days on Yanuca Island, the working papers prepared by the working group were discussed, and the priority issues were defined in the context of Pacific island needs. It was confirmed that sustainable development relating to the three priority issues discussed is consistent with the political commitment for people-centred development which already exists in all Pacific island countries. It was also emphasized that the development approaches will have to be consistent with the values which make up the unique Pacific way of life.

Consensus was reached on a course of action to place the health and well-being of Pacific islanders at the centre of national development plans. This consensus is reflected in the Yanuca Island Declaration on Health in the Pacific in the 21st Century. The Declaration embodies the collective concern and commitment of all the participating Pacific island countries. It commits countries to act to enhance the quality of life and the continuing well-being of people. It also calls on concerned donor-countries and funding agencies, United Nations bodies and specialized agencies, regional and subregional organizations and institutions and nongovernmental organizations, some of whom participated in the Conference, to provide technical and financial support. Pacific island countries are challenged to formulate and implement strategies to meet their commitments.
THE
YANUCA ISLANDDECLARATION
ON
HEALTH IN THE PACIFIC
IN THE 21ST CENTURY

The Conference of Ministers of Health of the Pacific Islands, meeting on Yanuca Island, Fiji, on this 10th day of March 1995, responding to the challenge of changing global conditions and the priority issues raised during the forty-fifth session of the WHO Regional Committee for the Western Pacific;

Believing that:

• new challenges in health in the twenty-first century call for clarity of purpose and broad-based participation to achieve healthy islands;

• healthy islands should be places where:
  • children are nurtured in body and mind;
  • environments invite learning and leisure;
  • people work and age with dignity;
  • ecological balance is a source of pride;
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YANUCA ISLAND DECLARATION

Endorses:

• the concepts reflected in the Western Pacific Region document *New horizons in health*;

Adopts:

• the concept of “healthy islands” as the unifying theme for health promotion and health protection in the island nations of the Pacific for the twenty-first century;

Recognizing that:

• Pacific island countries share many common features in terms of geography, population size, socioeconomic status, history, culture, and particularly fragile ecosystems;

• a wide range of health-related challenges needs to be addressed in addition to those highlighted at this Conference, particularly the special needs of those in remote and rural areas;

• limited resources in relation to health personnel, facilities, supplies and materials, require Pacific island countries to work closely together and share resources in achieving health goals;

• many training institutions and programmes for the health professions in countries of the Pacific already exist, including medical, nursing and allied health science schools in American Samoa, Cook Islands, Fiji, Guam, Kiribati, Northern Mariana Islands, Marshall Islands, Federated States of Micronesia, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, and Vanuatu;

• the WHO Regional Committee for the Western Pacific, at its forty-first session, endorsed the concept of a network of existing health training and education institutions in the Pacific;
• there is an urgent need for coordinated action among these institutions in training human resources for health to address the special health care needs of the Pacific islands;

• health care processes need to change, becoming more holistic and better integrated and linked through networks to meet the complex challenges of the future;

• health promotion and health protection are essential components of this change process;

• environmental health must be integrated with other health programmes, and linked to the activities of other sectors;

• in implementing environmental health programmes, new status needs to be granted to environmental health professionals in government services;

• the 1989 WHO Plan of Action for the Development of the Fiji School of Medicine and the 1994 draft report on the Fiji School of Medicine Development Plan have set the direction for the School;

• improvements in quality, safety, efficacy, availability of drugs and cost effectiveness could be made by Pacific island countries through bulk purchasing schemes for pharmaceuticals, essential drugs, vaccines, medical supplies and equipment;

Being mindful that:

• joint approaches must allow for discretion within countries to accommodate individual differences;

• intercountry approaches must be implemented with flexibility that is responsive to changing circumstances;
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- resource implications must be clearly defined and understood in developing and implementing these new approaches;

- training programme development initiatives should consider the full spectrum of health workforce categories as appropriate in the respective countries, including medical, nursing, oral health, pharmacy and the broad range of other allied health professionals;

- academic policies relating to the range and design of educational programmes and student intake should be closely linked to the current and projected health workforce needs of Pacific island countries;

- improvement of collaborative activities and partnership strategies between service providers and training institutions is needed;

- while there are potential benefits in embarking on properly coordinated bulk purchasing initiatives, such initiatives should not undermine national sovereignty, nor incur extra cost or cause delay in delivery of vaccines and essential drugs;

- collaboration in bulk purchasing schemes should not merely reduce costs but should contribute to higher standards of health care through the rational use of drugs;

AGREES, in relation to the development of the health workforce:

- to intensify efforts to further strengthen collaborative relationships through networking, and involve all existing training institutions in the development of human resources for health in the Pacific;
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- to reaffirm the role of the Fiji School of Medicine as a major training institution for health workforce development in the Pacific, and to encourage the Government of Fiji to finalize and implement the 1994 Development Plan;

- to endorse the intention of the Government of Fiji to make the Fiji School of Medicine an autonomous institution within the Ministry of Health with provisions for policy input by other Pacific island countries, and to support appropriate financial arrangements for sustainability;

- to further review the appropriateness of the first tier Primary Care Practitioners programme in meeting the health workforce needs of Pacific island countries;

- to introduce postgraduate training at the Fiji School of Medicine to complement the existing postgraduate training programmes at the University of Papua New Guinea;

AGREES also, in relation to environmental health:

- to encourage governments to designate a focal point with an appropriate mandate and sufficient authority to design and implement the activities which follow from this agreement;

- to participate in designing a common protocol for developing national action plans delineating these activities;

- to develop national action plans which align with the unique health and environmental needs of each country;

- to jointly identify factors which adversely influence environmental health;
• to share information concerning effective policies, legislation, intersectoral actions and other enabling strategies to promote health and protect the environment;

• to identify innovative approaches, such as the healthy islands concept, and promote their application;

• to collaborate in building capacity at all levels to develop and manage environmental health programmes and activities;

• to grant new status to environmental health professionals in government services;

• to formulate performance indicators to measure outcomes, and monitor and evaluate environmental health initiatives, including training;

AGREES further, in relation to the supply and management of pharmaceuticals, medical equipment and essential drugs in the Pacific:

• to initiate collaborative programmes to promote rational drug use and the development of national drug policies;

• to establish a multidisciplinary committee to further analyse the benefits of establishing a bulk purchasing scheme;

• to design a model framework for drug legislation and regulatory controls which could be customized to the requirements of the respective countries;

• to develop a core, essential drugs list using generic names that are currently available in all countries, to be updated every two years;
• to establish or identify a reference laboratory for quality testing of pharmaceutical supplies in the Pacific;

• to standardize quality assurance procedures by requiring from manufacturers, among other things:
  • certification of analysis;
  • evidence of compliance with good manufacturing practice;
  • evidence of participation in the WHO certification scheme;
  • expiry dates when purchasing drugs;

• to urge Pacific island countries which have not yet participated in the WHO certification scheme to initiate action to do so;

• to encourage standardization of essential equipment, such as X-ray machines, to enhance better servicing and maintenance arrangements;

• to support the development of appropriate training in pharmaceuticals and operation and maintenance of biomedical equipment to facilitate the development of simple inventory procedures and utilization surveillance mechanisms, including exchange of information on accredited suppliers of drugs and equipment;

• to establish and maintain an inventory of health technology and expertise available in Pacific island countries and promote access to, and utilization of, these resources and expertise;

• to investigate, analyse and document traditional and herbal medicines that can be used in Pacific island countries;
CONCLUDES that:

- all countries in the Pacific must strive to work together towards a healthy island state through sharing of information, technology and expertise for the betterment of the environment and health status of the people of these island nations. To this end, the Conference urges the Ministers of Health to gain endorsement of this Declaration from their respective governments;

- all concerned donor countries and funding agencies, United Nations bodies and specialized agencies, regional and subregional organizations and institutions and nongovernmental organizations, some of whom participated in the Conference as observers are invited to continue to provide technical and financial support to Pacific island nations in formulating and implementing their proposed strategies and options for human resource development, health protection and health promotion, supply and management of pharmaceutical and essential drugs.

10 March 1995
RESOLUTION OF APPRECIATION

CONFERENCE OF MINISTERS OF HEALTH OF THE PACIFIC ISLAND COUNTRIES
YANUCA ISLAND, FIJI, 10 MARCH 1995

The Ministers attending the Conference of the Ministers of Health of the Pacific Island Countries at Yanuca Island, Fiji, record their most sincere appreciation to:

1. the Government of Fiji for hosting the Conference, particularly for the excellent meeting arrangements and gracious hospitality, and for their significant contributions, past, present and future, to health development in the Pacific; and

2. the World Health Organization, for their global efforts in the field of health development, noting the close and co-operative relationship the Ministers and their governments have with the Western Pacific Regional Office, and putting on record their continuing respect and support for its leadership.